

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

Christopher. Reginald. Cox

Sid#12390623,

DOC#441292, C/O: NBC1

14100 McMillen Hwy, SW,

Cumberland, Md, 21507
(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

Aspen Ridge (Gettchen), Md
Frank. B. Bishop
Bill Beeman
Holly Pierce
NBC1
14100 McMillen Hwy, SW
Cumberland, Md, 21502-5777

(Full name and address of respondent)

Defendant(s).

COMPLAINT

I. Previous Lawsuits

A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES ☐ NO ☒

B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: N/A

Defendant(s): N/A

2. Court (if a federal court name the district; if a state court name the city or county):

N/A

FILED _____ ENTERED _____
LOGGED _____ RECEIVED _____
SEP 16 2019
AT BALTIMORE
U.S. DISTRICT COURT
DISTRICT OF MARYLAND
BY [Signature] DEPUTY

Case No.: GJH-19-2731
(Leave blank. To be filled in by Court.)

3. Case No.: N/A
4. Date filed: N/A
5. Name of judge that handled the case: N/A
6. Disposition (won, dismissed, still pending, on appeal): N/A
7. Date of Disposition: N/A

II. Administrative Proceedings

A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☒ NO ☐

1. If you answered YES:

a. What was the result? Continued Mezt findings by the warden. Ignored from the medical provider, have not seen the chronic care doctor.

b. Did you appeal? yes

YES ☒ NO ☐

2. If you answered NO to either of the questions above, explain why: N/A

III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

As the Medical Director, have yet to see him (A. Getachew, MD) for any of my chronic care issues. The warden has yet to use the full extent of his powers in 6 NCCI App matters since 2016, dealing with my medical supplies, single celling, and medical seeing me. Bill Beaman has not fulfilled his duty as the medical nurse supervisor. All of my request forms from 2018-2019 have went unanswered. Holly Pierce has not honored the warden urging her to see me and I have not seen a chronic care doctor even though I have been hospitalized twice this year in 2019 for asthma issues. One of the several things that makes me a chronic care issue... See Attached Complaint.

IV. Relief

(State briefly what you want the Court to do for you.)

See Attached Complaint form
#-7#

SIGNED THIS September day of _____, 2019.

[Signature]
Signature of Plaintiff

Christopher Cox
Printed Name

14100 R. Martin Hwy, SW
Address

Telephone Number

Email Address